STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Division of Alcohol and Substance Abuse

FEE WAIVER/REDUCTION REQUEST
DIVISION OF ALCOHOL AND SUBSTANCE ABUSE
CERTIFICATION SECTION

AGENCY NAME: _____

AGENCY NUMBER: ☐☐ ☐☐☐☐ ☐☐

INSTRUCTIONS: FILL OUT EITHER SECTION 1 OR 2, SIGN IN SECTION 3, AND RETURN TO DASA. DASA WILL COMPLETE SECTION 4 AND SEND YOU EITHER A NEW INVOICE OR ELSE YOUR CERTIFICATION

Section 1 -- IF OUTPATIENT

1. DOCUMENTATION OF THE NUMBER OF PATIENTS DURNING THE PREVIOUS CALENDAR YEAR:
   # OF PATIENTS: _____ CALENDAR YEAR: _____

   (INFORMATION SHOULD BE FOR JANUARY THROUGH DECEMBER CALENDAR YEAR PRECEDING THE YEAR THE ANNUAL CERTIFICATION FEE IS DUE)

2. DOCUMENTATION SHOWING THE AMOUNT OF GOVERNMENT FUNDING YOU RECEIVED DURING THE ABOVE PERIOD $_____

3. DOCUMENTATION SHOWING THE AMOUNT OF PRIVATE FUNDING YOU RECEIVED DURING THE ABOVE PERIOD $_____

Section 2 -- IF RESIDENTIAL

1. IDENTIFY THE TOTAL NUMBER OF BEDS AS LICENSED BY THE WASHINGTON STATE DEPARMENT OF HEALTH.

   TOTAL # OF LICENSED BEDS: _____

2. IDENTIFY THE TOTAL NUMBER OF PUBLICLY-FUNDED BEDS.

   # OF PUBLIC BEDS: _____ (*You will be charged $26 for each privately-funded bed.)*

   INDICATE THE SOURCE(S), E.G., FEDERAL, STATE, TRIBAL, COUNTY, CRIMINAL JUSTICE, CORRECTIONS, OR OTHER: _____

Section 3 -- DECLARATION BY AGENCY

I DECLARE THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ON ALL DOCUMENTS SUBMITTED WITH THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
EMAIL: _____PHONE: _____FAX: _____
PRINT ADMINISTRATOR'S NAME:_____
SIGNATURE OF AGENCY ADMINISTRATOR: _____ DATE: _____

FOR DASA USE: **Section 4 -- FEE DETERMINATION**

FEE CHANGED ☐YES ☐NO AMOUNT: $_____ EXPLANATION: _____

WAIVED: _____ REDUCED: _____ EXEMPT: _____

FOR OUTPATIENT: % OF GOVERNMENT REVENUES: _____% SIZE AGENCY: __S M L__

FOR RESIDENTIAL: # PRIVATE BEDS: _____ X $26 = $_____

NEW INVOICE SENT: _____ AND/OR CERTIFICATE SENT: _____

DATA ENTRY FORM COMPLETED: _____(DATE) BY: _____

Mail or Fax this back to: DASA CERTIFICATION, PO BOX 45330, OLYMPIA, WA 98504-5330;
Fax (360) 438-8057. Questions, call (360) 725-3710, 725-3703, OR Toll Free 1-877-301-4557.